

## **Department of Planning and Community Development**

## **Office of Buildings – Inspection Request Form**

55 Trinity Avenue, Atlanta, Georgia 30303, Suite 3900

Email: inspections-oob@atlantaga.gov Fax: (404) 739-4144

## **PLEASE NOTE:**

- Inspection requests received before 3pm will be inspected within 2 business days after inspection is scheduled.
- If you are requesting a trade inspection, the specific trade permit number is needed and not the Building Permit number associated with the job.
- You will need to have all approved permits listed.
- All combination inspection requests have to be for same job address.
- To schedule: Arborist Inspections call (404) 330-6836 or Erosion Control / Site Inspections call (404) 546-1305.
- All fields that have the following symbol (\*) is a required field

| *Job Address:   |                                   | Contact Information                             |  |
|---|-----------------------------------|---|--|
|   | *Contact Name:                    |   |  |
|   | *Contact Number:                  |   |  |
|   | Contact Email Addres              | ss:   |  |
| TYPE OF INSPECTION  |                                   |   |  |
| NEW SINGLE INSPECTION REQUEST   | NEW COMB                          | NEW COMBINATION INSPECTION REQUEST              |  |
| *Permit Number:   | (Please select type of inspection | ons from the list in the drop down menus below) |  |
| (Please select type of inspection from the list in the drop down menus below)                     |                                   |   |  |
| Building  | Building                          | Permit Number: BB-                              |  |
| Electrical  | Electrical                        | Permit Number: <u>BE-</u>                       |  |
| Fire Sprinkler  | Fire Sprinkler                    | Permit Number: BP-                              |  |
| Mechanical  | Mechanical                        |   |  |
| Plumbing  | Plumbing                          | Permit Number: <u>B</u> P-                      |  |
| RESCHEDULE & CANCELLATIONS  |                                   |   |  |
| Permit Number:  |                                   |   |  |
| Reschedule – rescheduled request must be sent in 1 business day before scheduled inspection date. |                                   |   |  |
| Date of inspection you want to change: Date you would like to reschedule inspection:              |                                   |   |  |
| Cancellation - Please call (404) 865-8400   |                                   |   |  |
| COMMENTS/JOB SITE DIRECTIONS  |                                   |   |  |
|   |                                   |   |  |